# EXHIBIT 11

(X6) DATE:

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	395618		A. BLDG:= B. WING:		12/05/2023	
MULBERRY HEALTHCARE AND REHABILITATION 411 1/2 V				NG STREET		
SUMMARY STATEMENT MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE
completed on December that Mulberry Healthca had deficiencies that ha	er 5, 2023, it was det are and Rehabilitatio ave the potential for	termined n Center minimal	E 0000			
\$416.54(d)(2), \$418.113(d)() \$482.15(d)(2), \$483.73(d)(2) \$485.68(d)(2), \$485.542(d)(2), \$485.920(d)(2), \$491.12 *[For ASCs at \$416.54, CO \$485.542, OPO, "Organizat \$485.920, RHCs/FQHCs at \$494.62]:  (2) Testing. The [facility] m	(2), §441.184(d)(2), §466 2), §483.475(d)(2), §484 9(2), §485.625(d)(2), §48 2(d)(2), §494.62(d)(2). PRFs at §485.68, REHs a ions" under §485.727, C §491.12, and ESRD Fac	a.102(d)(2), 35.727(d) at EMHCs at cilities at	E 0039	held to review the emergency preparedness plan and discus policy changes. A tabletop e will also be completed discus emergency scenario not fire to review with the Interdiscit Team potential emergency challenges and responses. The	y ss any xercise ssing an related plinary nese Il be	Completion Date: 02/07/2024 Status: APPROVED Date: 12/22/2023
	Based on an Emergence completed on December that Mulberry Healthca had deficiencies that harm as related to the result of the service of the	Based on an Emergency Preparedness Surve completed on December 5, 2023, it was dethat Mulberry Healthcare and Rehabilitation had deficiencies that have the potential for harm as related to the requirements of 42 C 483.73.  483.73(d)(2) EP Testing Requirements  \$416.54(d)(2), \$418.113(d)(2), \$441.184(d)(2), \$46 \$482.15(d)(2), \$483.73(d)(2), \$483.73(d)(2), \$483.73(d)(2), \$485.625(d)(2), \$484.8485.68(d)(2), \$485.542(d)(2), \$485.625(d)(2), \$484.8485.68(d)(2), \$485.640(d)(2), \$4	Based on an Emergency Preparedness Survey completed on December 5, 2023, it was determined that Mulberry Healthcare and Rehabilitation Center had deficiencies that have the potential for minimal harm as related to the requirements of 42 CFR 483.73.  483.73(d)(2) EP Testing Requirements  \$416.54(d)(2), \$418.113(d)(2), \$441.184(d)(2), \$460.84(d)(2), \$482.15(d)(2), \$485.542(d)(2), \$485.542(d)(2), \$491.12(d)(2), \$494.62(d)(2).  *[For ASCs at \$416.54, CORFs at \$485.68, REHs at \$485.542, OPO, "Organizations" under \$485.727, CMHCs at \$494.62]:  (2) Testing. The [facility] must conduct exercises to test the emergency plan annually. The [facility] must do all of the following:	DENTIFICATION NUMBER:  395618  STREET ADDRESS, CITY, STATE, 411 1/2 WEST MAHONIP PUNXSUTAWNEY, PA :  STREET ADDRESS, CITY, STATE, 411 1/2 WEST MAHONIP PUNXSUTAWNEY, PA :  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT  Based on an Emergency Preparedness Survey completed on December 5, 2023, it was determined that Mulberry Healthcare and Rehabilitation Center had deficiencies that have the potential for minimal harm as related to the requirements of 42 CFR  483.73.  483.73.  483.73(d)(2) EP Testing Requirements  \$\frac{411}{411} \frac{1/2}{412} \frac{1}{2} \frac{1}{411} \f	DENTIFICATION NUMBER:  395618  STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY IDENTIFYING INFORMATION)  Based on an Emergency Preparedness Survey completed on December 5, 2023, it was determined that Mulberry Healthcare and Rehabilitation Center had deficiencies that have the potential for minimal harm as related to the requirements of 42 CFR 483.73.  483.73(d)(2) EP Testing Requirements \$416.54(d)(2), \$448.113(d)(2), \$441.184(d)(2), \$460.84(d)(2), \$485.542(d)(2), \$485.373(d)(2), \$485.373(d)(2), \$485.475(d)(2), \$485.727(d) (2), \$485.920(d)(2), \$491.12(d)(2), \$494.62(d)(2), \$485.58(d)(2), \$485.	SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PLUE REGOLATION YOURSE)  Based on an Emergency Preparedness Survey completed on December 5, 2023, it was determined that Mulberry Healthcare and Rehabilitation Center had deficiencies that have the potential for minimal harm as related to the requirements of 42 CFR  483.73.  483.73(d)(2) EP Testing Requirements  \$446.54(d)(2), \$418.113(d)(2), \$4441.184(d)(2), \$460.84(d)(2), \$485.542(d)(2), \$485.642(d)(2), \$485.642(d)(2), \$485.642(d)(2), \$485.642(d)(2), \$485.642(d)(2),

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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			Со		(X3) DATE SURVE COMPLETED:	(X3) DATE SURVEY COMPLETED:	
395618					12/05/2023		
	EHABILITATION	411 1/2 WEST	MAHONIN	NG STREET			
	OF DEFICIENCIES (F.) ON DE	PLOYENION				975)	
MUST BE PRECEEDE	D BY FULL REGULATORY O		PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE	
Continued from page 1			E 0039				
community-based every 2 y (A) When a community-base conduct a facility-based funor  (B) If the [facility] exp man-made emergency that r emergency plan, the [facility next required community-based functional exercise followin (ii) Conduct an additional exopposite the year the full-scaparagraph (d)(2)(i) of this second full-scale exercise include, but is not limited to (A) A second full-scale exercindividual, facility-based fur (B) A mock disaster drill; or (C) A tabletop exercise or we facilitator and includes a ground problem statements, direct questions designed to challed (iii) Analyze the [facility's] documentation of all drills, a emergency events, and revisiplan, as needed.  *[For Hospices at 418.113(c)	ears; or sed exercise is not access ctional exercise every 2 eriences an actual natural equires activation of the syl is exempt from engages and actual facility and the onset of the actual exercise at least every 2 yeale or functional exercise at least every 2 yeale or functional exercise extinon is conducted, that the following: excise that is community-inctional exercise; or exercise that is led by a pup discussion using a emergency scenario, and exted messages, or preparinge an emergency plant response to and maintain tabletop exercises, and set the [facility's] emergents.	years; al or sing in its ty-based event. years, se under may based or  d a set red					
(2) Testing for hospices that	t provide care in the pat	ient's					
	VIDER OR SUPPLIER: RY HEALTHCARE AND R  ENUMBER: 021802  SUMMARY STATEMENT MUST BE PRECEEDE IDENTIFY  Continued from page 1  (i) Participate in a full-scale community-based every 2 yr (A) When a community-based funor  (B) If the [facility] exp man-made emergency that remergency plan, the [facility next required community-based functional exercise followin (ii) Conduct an additional exopposite the year the full-scaparagraph (d)(2)(i) of this second include, but is not limited to (A) A second full-scale exercindividual, facility-based functional exercise or write facilitator and includes a ground include include includes a ground include includes a ground include includes a ground include includ	RECTION (POC)  IDENTIFICATION NUMBER  395618  VIDER OR SUPPLIER: RY HEALTHCARE AND REHABILITATION  E NUMBER: 021802  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)  Continued from page 1  (i) Participate in a full-scale exercise that is community-based every 2 years; or  (A) When a community-based exercise is not access conduct a facility-based functional exercise every 2 or  (B) If the [facility] experiences an actual nature man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engage next required community-based or individual, facilif functional exercise following the onset of the actual (ii) Conduct an additional exercise at least every 2 yopposite the year the full-scale or functional exercise paragraph (d)(2)(i) of this section is conducted, that include, but is not limited to the following:  (A) A second full-scale exercise that is community-individual, facility-based functional exercise; or  (B) A mock disaster drill; or  (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, an of problem statements, directed messages, or prepar questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintaid documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emerge plan, as needed.  *[For Hospices at 418.113(d):]	WIDER OR SUPPLIER:  RY HEALTHCARE AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 1  (i) Participate in a full-scale exercise that is community-based every 2 years; or  (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or  (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.  (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:  (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or  (B) A mock disaster drill; or  (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.  (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.	A BLDG: 395618  STREET ADDRESS, CITY, STATE, AT HEALTHCARE AND REHABILITATION  STREET ADDRESS, CITY, STATE, AT HEALTHCARE AND REHABILITATION  E NUMBER: 021802  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 1  E 0039  Continued from page 1  E 0039  (i) Participate in a full-scale exercise that is community-based every 2 years; or  (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or  (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:  (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or  (B) A mock disaster drill; or  (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan,  (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.  *[For Hospices at 418.113(d):]	A BLDG B WING:    395618   STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNSUTAWNEY, PA 15767	RECTION (POC)    IDENTIFICATION NUMBER   395618	

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PLAN OF COR	ATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C AN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:			(X3) DATE SURVEY COMPLETED:	
	395618				<u>=</u>	12/05/2023		
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS. 411 1/2 WEST PUNXSUTAV	MAHONIN	NG STREET			
	SE NUMBER: 021802	OF DEFICIENCIES (FACH DE	FIGUENOV				(7/5)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
E 0039	Continued from page 2			E 0039				
SS=C	home. The hospice must co							
	following:	uarry. The nospice mus	t do the					
	(i) Participate in a full-scale	e exercise that is commu	ınity					
	based every 2 years; or							
	(A) When a community bas conduct an individual facilit							
	every 2 years; or	ty based functional exer	CISC					
	(B) If the hospice experienc	es a natural or man-mad	le					
	emergency that requires act							
	the hospital is exempt from							
	scale community-based exer functional exercise followin		-					
	event.	.g une onder or une errorg	,••,					
	(ii) Conduct an additional e		pposite					
	the year the full-scale or fun							
	paragraph (d)(2)(i) of this so include, but is not limited to		may					
	(A) A second full-scale exe	•	-based					
	or a facility based functiona	-						
	(B) A mock disaster drill; o							
	(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a		1					
	narrated, clinically-relevant		d a set					
	of problem statements, direc							
	questions designed to challe	enge an emergency plan.						
	(3) Testing for hospices that The hospice must conduct e plan twice per year. The ho	exercises to test the emer	gency					

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/OF PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY	
	395618				<u>=</u>	12/05/2023	
MULBERF CENTER	VIDER OR SUPPLIER: RY HEALTHCARE AND R	EHABILITATION	STREET ADDRESS, 411 1/2 WEST PUNXSUTAW	MAHONIN	NG STREET		
	E NUMBER: 021802	OF DEFICIENCIES (FACIL DE	EIGIENGV	ID			(VE)
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
E 0039	Continued from page 3			E 0039			
SS=C							
	(iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency						
plan, as needed.		Cy					
	*[For PRFTs at §441.184(d), Hospitals at §482.15(d), at §485.625(d):] (2) Testing. The [PRTF, Hospital, CAH] must conduct exercises to test the emergency plan twice per year. The second conduction is a second conduction of the second conduction o						

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTI	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		205(10		A. BLDG: _ B. WING:	=	12/05/2023	
		395618				12/03/2023	
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, 411 1/2 WEST PUNXSUTAW	MAHONIN	NG STREET		
STATE LICENS	E NUMBER: <b>021802</b>						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
E 0039	Continued from page 4			E 0039			
SS=C	may include, but is not limit (A) A second full-scale exe or individual, a facility-base (B) A mock disast	full-scale exercise that is ted exercise is not accessed, facility-based function CAH] experiences an afterney that requires activated in the community based or an actional exercise following: an actional exercise or ted to the following: activated to the following: activated to the following: activated to the following: activated functional exercise; of the dependence of the community and functional exercise; of the dependence of the community action of the	sible, nal  ctual tion of agaging ing the and that -based r by a d a set				
	(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the [facility's] emergency plan, as needed.  *[For PACE at §460.84(d):] (2) Testing. The PACE organization must conduct exercises to test the emergency plan at least annually. The PACE		ncy exercises				
	to test the emergency plan a	i icasi aiiiiuaiiy. Tiie PA	CL:				

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	ATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C AN OF CORRECTION (POC) IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
				A. BLDG:=_ B. WING:		12/05/2023	
	395618			B. WING.		12/03/2023	
NAME OF PROVIDER OR SUPPLIER:  MULBERRY HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, 411 1/2 WEST PUNXSUTAW	MAHONIN	NG STREET		
STATE LICENS	E NUMBER: <b>021802</b>			_			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
E 0039	Continued from page 5			E 0039			
SS=C							
	organization must do the fol (i) Participate in an annual		g				
	community-based; or	tun-scare exercise that i	3				
	(A) When a community-bas	ed exercise is not access	sible,				
	conduct an annual individua	al, facility-based function	nal				
	exercise; or (B) If the PACE experiences	s an actual natural or me	an mada				
	emergency that requires acti						
	the PACE is exempt from en						
	full-scale community based	or individual, facility-b	ased				
	functional exercise followin	g the onset of the emerg	gency				
	event.	2					
	opposite the year the full-sc	nal exercise every 2 years					
	paragraph (d)(2)(i) of this se						
	include, but is not limited to		ina y				
	(A) A second full-scale exe	-	-based				
	or individual, a facility base	ed functional exercise; or	r				
	(B) A mock disaster drill; o						
	(C) A tabletop exercise or v		a				
	facilitator and includes a gro	-					
	narrated, clinically-relevant emergency scenario, and a set						
	of problem statements, directed messages, or prepared						
	questions designed to challenge an emergency plan.  (iii) Analyze the PACE's response to and maintain						
	documentation of all drills,	-					
	emergency events and revise	_	v plan,				
	as needed.		, r				
	*[For LTC Facilities at §483	3.73(d):]					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG:			(X3) DATE SURVEY COMPLETED:	
	395618			B. WING:		12/05/2023		
NAME OF PROVIDER OR SUPPLIER:  MULBERRY HEALTHCARE AND REHABILITATION  CENTER  STATE LICENSE NUMBER: 021802			STREET ADDRESS, 411 1/2 WEST PUNXSUTAV	MAHONIN	IG STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
E 0039 SS=C	Continued from page 6  (2) The [LTC facility] must emergency plan at least twic unannounced staff drills usi The [LTC facility, ICF/IID] (i) Participate in an annual community-based; or (A) When a community-base conduct an annual individual exercise. (B) If the [LTC facility] factor man-made emergency the emergency plan, the LTC facility-based functional exercise actility-based functional exercise facility-based functional exercise actility-based functional exercise or unindividual, facility based facility based functional exercise or an individual, facility based or an individual, facility based (A) A second full-scale exercise or an individual, facility based (B) A mock disaster drill; of (C) A tabletop exercise or a facilitator includes a group clinically-relevant emergency estatements, directed messaged designed to challenge an emergency events, and revise emergency plan, as needed.	ce per year, including ng the emergency proce must do the following: full-scale exercise that is sed exercise is not accessal, facility-based function ility experiences an actual requires activation of acility is exempt from erecommunity-based or intercise following the onse munual exercise that may owing: ercise that is community sed functional exercise; for workshop that is led by a discussion, using a narracy scenario, and a set of the est of t	dures.  s sible, nal al natural the ngaging dividual, et of the r include, -based or a nted, problem s o and sises, and	E 0039				

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	OF DEFICIENCIES AND RECTION (POC)	identification number  395618		A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 12/05/2023	
MULBERI CENTER	VIDER OR SUPPLIER: RY HEALTHCARE AND R	EHABILITATION	STREET ADDRESS 411 1/2 WEST PUNXSUTAV	T MAHONIN	IG STREET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN  MUST BE PRECEEDED BY FULL REGULATORY OR LSC  IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
E 0039 SS=C	*[For ICF/IIDs at \$483.4756 (2) Testing. The ICF/IID me emergency plan at least twice do the following: (i) Participate in an annual frommunity-based; or (A) When a community-base conduct an annual individual exercise; or. (B) If the ICF/IID experience emergency that requires active ICF/IID is exempt from full-scale community-based functional exercise following event. (ii) Conduct an additional and but is not limited to the following event. (iii) Conduct an additional and but is not limited to the following event. (C) A tabletop exercise or we facilitator and includes a ground include and incl	ist conduct exercises to be per year. The ICF/III it it it is cale exercise that is ed exercise is not accessol, facility-based function are an actual natural or it is vation of the emergency engaging in its next requor individual, facility-big the onset of the emergency engaging in the emergency engaging in its next requor individual, facility-big the onset of the emergency engaging: roise that is community-functional exercise; or corkshop that is led by a computation of the emergency scenario, and emergency scenario, and emergency plan esponse to and maintain tabletop exercises, and	o must  sible, snal  man-made y plan, quired based gency include, based or  ad a set red	E 0039			

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	ATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CL AN OF CORRECTION (POC) IDENTIFICATION NUMBER:						(X3) DATE SURVEY COMPLETED:	
	, ,	205(19		A. BLDG: _	=	12/05/2022		
	395618			B. WING		12/05/2023		
	VIDER OR SUPPLIER:		STREET ADDRESS					
_	RY HEALTHCARE AND R	REHABILITATION	411 1/2 WEST					
CENTER			PUNXSUTAV	VNEY, PA	15767			
STATE LICENS	E NUMBER: <b>021802</b>							
(X4) ID	SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)	
PREFIX TAG		ED BY FULL REGULATORY O FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SHORE CROSS-REFERENCED TO THE		COMPLETE DATE	
ing	IDENTI	TING IN ORMITTON			CROSS-REFERENCED TO THE A	AFFROFRIATE	DATE	
E 0039	Continued from page 8			E 0039				
SS=C								
	*[For HHAs at §484.102]							
	(d)(2) Testing. The HHA mi	ust conduct exercises to	test the					
	emergency plan at least annually. The HHA mu	ust do the following:						
	(i) Participate in a full-scale							
	community-based; or	exercise that is						
	(A) When a community	v-hased exercise is not						
	accessible, conduct an annua		sed					
	functional exercise every 2	- · · · · · · · · · · · · · · · · · · ·						
		ences an actual natural of	or					
	man-made emergency that r	equires activation of the	<b>;</b>					
	emergency plan, the HHA is	s exempt from engaging	in its					
	next required full-scale com	munity-based or individ	lual,					
	facility based functional exe	ercise following the onse	et of the					
	emergency event.							
	(ii) Conduct an additional ex		-					
	the year the full-scale or							
	paragraph (d)(2)(i) of this se		that may					
	include, but is not limited to (A) A second full-scale	-						
	community-based or an indi		inctional					
	exercise; or	ividual, idenity bused in	anotional					
	(B) A mock disaster dr	ill: or						
		or workshop that is led	by a					
	facilitator and includes a gro	•	-					
	narrated, clinically-relevant	emergency scenario, an	d a set					
	of problem statements, direc	cted messages, or prepar	red					
	questions designed to challe							
	(iii) Analyze the HHA's resp							
	documentation of all drills,	tabletop exercises, and						

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:					COMPLETED:		
	395618			A. BLDG: _ B. WING: _	<del></del>	12/05/2023	
MULBERI CENTER	VIDER OR SUPPLIER: RY HEALTHCARE AND R SE NUMBER: 021802	EHABILITATION	STREET ADDRESS, 411 1/2 WEST PUNXSUTAW	MAHONIN	NG STREET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
E 0039	Continued from page 9			E 0039			
SS=C	emergency events, and revisas needed.  *[For OPOs at §486.360] (d)(2) Testing. The OPO memergency plan. The OPO ri) Conduct a paper-based, the least annually. A tabletop exincludes a group discussion, relevant emergency scenarios statements, directed message designed to challenge an emexperiences an actual natural requires activation of the enexempt from engaging in its following the onset of the enexempt from engaging in its following the enexempt from engaging in enexempt from engaging in enexempt from engaging in enexem	ast conduct exercises to must do the following: abletop exercise or work ercise is led by a facility using a narrated, clinic to, and a set of problem es, or prepared question the ergency plan. If the OP all or man-made emergency plan, the OPO to next required testing extended the ergency event. The exercises, and emergency event. The exercises, and emergency exercises, and emergency event. The exercises, and emergency event. The exercises and OPO's emergency event. The exercises are exercises at least the event even	test the  kshop at ator and ally  s O acy that is kercise ency ency to test ving:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY	
		395618		B. WING:	<u>=</u>	12/05/2023	
NAME OF PROVIDER OR SUPPLIER: MULBERRY HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, 411 1/2 WEST PUNXSUTAW	MAHONIN	NG STREET		
STATE LICENS	E NUMBER: <b>021802</b>						
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR I			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
E 0039	Continued from page 10			E 0039			
SS=C	(ii) Analyze the RNHCI's re documentation of all tableto events, and revise the RNHO	p exercises, and emerge					
	This REQUIREMENT is not met as evidenced by:						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SUR' COMPLETED:  A. BLDG: _=_		(X3) DATE SURVI COMPLETED:	EY
		395618		B. WING: _		12/05/2023	
NAME OF PROVIDER OR SUPPLIER:  MULBERRY HEALTHCARE AND REHABILITATION  CENTER  STATE LICENSE NUMBER: 021802			STREET ADDRESS, 411 1/2 WEST PUNXSUTAW	MAHONIN	NG STREET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
E 0039	Continued from page 11			E 0039			
SS=C	Based on document refacility failed to maintaguidelines for one of oplan.  Findings include:  Document review on Ea.m., revealed the facility following emergency parts. (10:05 a.m.) Annuapreparedness training of followed by an exercist the documenting of any covering site-specific parts. (10:05 a.m.) A tabled by a facilitator that using a narrated, clinic scenario and a set of promessages, or prepared challenge an emergence.	December 5, 2023, at ity failed to conduct oreparedness plan pro al all-employee emerwithin the previous ye and policy evaluate y necessary policy clausterial. Includes a group disally-relevant emerge to blem statements, dequestions designed to y plan.	a 10:05 the ocedures: regency rear ion and hanges rkshop scussion ency irected				

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395618		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:= B. WING:		(X3) DATE SURVEY COMPLETED: 12/05/2023	
MULBERF CENTER	VIDER OR SUPPLIER: RY HEALTHCARE AND R E NUMBER: 021802	EHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE: 411 1/2 WEST MAHONING STREET PUNXSUTAWNEY, PA 15767				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
E 0039 SS=C	Supervisor on December 5, 2023, at 10:05 a.r. confirmed the facility did not have the above documentation at the time of the survey.			E 0039			

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## **Certified End Page**

#### MULBERRY HEALTHCARE AND REHABILITATION CENTER

STATE LICENSE NUMBER: 021802 SURVEY EXIT DATE: 12/05/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

#### **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY